## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09742882

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                       |                              |                              |                  |        | SMALL ENTITY TYPE   |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------------|------------------------------|------------------------------|------------------|--------|---------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                       |                              |                              |                  | 1      | RATE                | FEE                    |         | RATE                          | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | NUMBER FILED          |                              | NUMBER EXTRA                 |                  |        | BASIC FEE           | 355.00                 | OR      | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                            |                                                |                                           | ープ minus 20=          |                              | *                            |                  |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
| IND                                                                                                                                                                                                                                                                                                                                                                | EPENDENT CL                                    | AIMS                                      | 3 minus 3 =           |                              | *                            |                  |        | X40=                |                        | OR      | X80=                          |                        |
| MU                                                                                                                                                                                                                                                                                                                                                                 | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                |                              |                              |                  |        | +135=               |                        | OR      | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                           |                                                |                                           |                       |                              |                              | ı                | TOTAL  |                     | OR                     | TOTAL   | 710:-                         |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                       |                              |                              |                  |        |                     |                        | ,       | OTHER                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                | (Column 2) (Column 3) |                              |                              |                  |        | SMALL ENTITY        |                        |         | SMALL                         |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE /                        | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | •                                         | Minus                 | 2                            | 0                            | =                |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    | • 3                                       | Minus                 | ***                          | <u>}</u>                     | = <u> </u>       |        | X40=                |                        | OR      | X80=                          |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEP           | ENDEN                        | T CLAIM                      |                  | l      | +135=               |                        |         | +270=                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                       |                              |                              |                  | l      | +135=               |                        | OR      | TOTAL                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                       |                              |                              |                  | ,      | ADDIT. FEE          |                        | OR      | ADDIT. FEE                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)<br>CLAIMS                      | (糖尿)(1000 m)          |                              | mn 2)<br>IEST                | (Column 3)<br>T  | 1 .    |                     |                        | 1       |                               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                        |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUM<br>PREVI                 | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus                 | **                           |                              | =                |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    | *<br>NTATION OF M                         | Minus                 | ***                          | T CL AIM                     | ]=               |        | X40=                | "                      | OR      | X80=                          |                        |
| <u></u>                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                    | NTATION OF MI                             | JETIPLE DEP           | ENDEN                        | CLAIIVI                      |                  | J      | +135=               |                        | OR      | +270=                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                       |                              |                              |                  |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                |                       |                              | mn 2)                        | (Column 3)       |        |                     |                        |         |                               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUN<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | ] [    | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          |                                           | Minus                 | **                           |                              | =                |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    | *                                         | Minus                 | ***                          |                              | =                |        | X40=                |                        |         | X80=                          |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                       |                              |                              |                  | ▎▐     | 7,10-               |                        | OR      |                               |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                       |                              |                              |                  |        | +135=               |                        | OR      | +270=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                           |                       |                              |                              |                  |        |                     |                        |         |                               |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | The "Highest Nurr                              |                                           |                       |                              |                              |                  | er fou | and in the app      | propriate bo           | k in co | lumn 1.                       |                        |